

SAFE TRAILS PRIMARY INVESTIGATIVE REPORT

Complaint Information:

Date: <u>12/17/95</u>	Complainant:	Race	Sex	Date of Birth:	Place of Birth:
Social Security:	Census	Telephone No.:	Relation to Victim:	Address:	

Crime Location:

Gang Related? ☒ / N	Alcohol Related? ☒ Y / N	Character of Case: CIR- <u>198E</u> <u>Controlled Substance Act</u>
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Suspect Information:

Suspect's Name:		Race	Sex	Date of Birth:
Place of Birth:		Social Security:		Census:
Hgt:	Wgt:	Hair:	Eyes:	Marks/Tattoos:
Telephone No.:		Relation to Victim:		
Mailing Address:				
Physical Address:				

Title:

UNSUB(S);

Navajo Nation - Victim
CIR - Controlled Substance Act.

b6
b7C**Victim Information:**

Victim's Name: <u>Navajo Nation</u>		Race	Sex	Date of Birth:
Place of Birth:		Social Security:		Census:
Telephone No.:		Mailing Address:		
Physical Address:				

Narrative:

On Nov. 27, 1995 two children, ages 4 & 5 suffered fatal smoke inhalation when they were locked inside their residence (from the outside) by their intoxicated mother, [redacted] (No relation to Subject). A fire broke out inside, resulting in the death of the two children. [redacted] advised she had bought the alcohol from [redacted] who took alcohol from his residence as the Navajo Indian Reservation. [redacted] led to approval from the RTA, FBI, DOJ, USA, & NIPS it is requested that a pro-active initiative be commenced through use of [redacted] resources in order to obtain PC for search warrants.

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b7C**Disposition:**

☐ O & A: UNADDRESSED	CI	SA	[redacted]
☐ Defer to:			
☐ AUSA Declination: AUSA			
☐ Zero File (No Criminal Offense Substantiated)			
Rationale:			

Approved By SSR: <u>[Signature]</u>	SSRA: <u>[Signature]</u>
Date: <u>12.17.95</u>	

Block Stamp

198E-PX-55557-1

SEARCHED ☒	INDEXED ☒
SERIALIZED ☒	FILED ☒
DEC 17 1995	
FBI PHOENIX	

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FBI FACSIMILE

COVERSHEET

PRECEDENCE

- ☐ Immediate
☐ Priority
☐ Routine

CLASSIFICATION

- ☐ Top Secret
☐ Secret
☐ Confidential
☐ Sensitive
☐ Unclassified

Time Transmitted: _____

Sender's Initials: _____

Number of Pages: _____
(including coversheet)

To: _____

Name of Office

Date: 12/16b6
b7C

Facsimile Number: _____

Attn: _____

Name

Room

Telephone

From: **FBI FLAGSTAFF**

Name of Office

Subject: Please open case and callw/ file number -We need asap! Thank you ☺b6
b7C

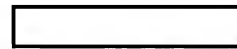
Special Handling Instructions: _____

PLEASE HAND DELIVER

Originator's Name: _____

SSRA

Telephone: _____



Originator's Facsimile Number: _____

520 774-8879

Approved: _____

Brief Description of Communication Faxed: _____

